

**Tickets Provided by  
Agency Report****A Public Document**TICKETS PROVIDED BY  
AGENCY REPORT

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (if applicable)			
Board of Supervisor			
Street Address			
500 W. Temple St., Room 869 Los Angeles, CA 90012			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.)  Date of Original Filing: _____ (month, day, year)	
213-974-5555	fifthdistrict.lacbos.org		
Agency Contact (name and title)			
Linda Balderrama			

**2. Event For Which Tickets Were Distributed**

Date(s) of Event: 09 / 04 / 09 Description of Event: Los Angeles County Fair  
10 / 05 / 09 Face Value of Ticket: \$ 17.00

Agency Event ☐ Yes ☒ No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Los Angeles County Fair

Number of Tickets Received: 40 Ticket(s) Provided to Agency: ☒ Gratuitously ☐ Pursuant to Contract

**3. Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
Cindy Duarte	2	Retaining highly qualified County employees

**4. Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)

Name of Behesting Agency Official: \_\_\_\_\_

Name of Individual or Organization: \_\_\_\_\_ Number of Tickets: \_\_\_\_\_

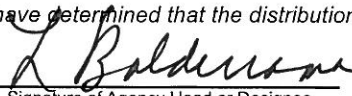
Description of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_  
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
\_\_\_\_\_  
\_\_\_\_\_

**5. Verification**

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

	Linda Balderrama	Ticket Administrator	9-24-09
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)  
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**3. Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
Brenda Daniels	2	Retaining highly qualified County employees

**4. Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)

Name of Behesting Agency Official: \_\_\_\_\_

Name of Individual or Organization: \_\_\_\_\_ Number of Tickets: \_\_\_\_\_


Description of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_  
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
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Signature of Agency Head or Designee Print Name Title (month, day, year)

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Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
J. Gomez	2	Retaining highly qualified County employees

### 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: \_\_\_\_\_

Name of Individual or Organization: \_\_\_\_\_ Number of Tickets: \_\_\_\_\_


Description of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_  
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Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
Lizette Garcia	2	Retaining highly qualified County employees

**4. Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)

Name of Behesting Agency Official: \_\_\_\_\_

Name of Individual or Organization: \_\_\_\_\_ Number of Tickets: \_\_\_\_\_

Description of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_  
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Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
Phillip Chen	2	Retaining highly qualified County employees

### 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: \_\_\_\_\_

Name of Individual or Organization: \_\_\_\_\_ Number of Tickets: \_\_\_\_\_

Description of Organization: \_\_\_\_\_

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**3. Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
Rita Hadjimanoukian	2	Retaining highly qualified County employees

**4. Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)

Name of Behesting Agency Official: \_\_\_\_\_

Name of Individual or Organization: \_\_\_\_\_ Number of Tickets: \_\_\_\_\_


Description of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_  
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
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### 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
Steven Kidd	2	Retaining highly qualified County employees

### 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: \_\_\_\_\_

Name of Individual or Organization: \_\_\_\_\_ Number of Tickets: \_\_\_\_\_


Description of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_  
Number and Street City State Zip Code

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Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
Tamara Backstrom	2	Retaining highly qualified County employees

**4. Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)


Name of Behesting Agency Official: \_\_\_\_\_

Name of Individual or Organization: \_\_\_\_\_ Number of Tickets: \_\_\_\_\_

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Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
Sally McGaughey	2	Retaining highly qualified County employees

### 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: \_\_\_\_\_

Name of Individual or Organization: \_\_\_\_\_ Number of Tickets: \_\_\_\_\_

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Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
Christine Borzaga	2	Retaining highly qualified County employees

**4. Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)


Name of Behesting Agency Official: \_\_\_\_\_

Name of Individual or Organization: \_\_\_\_\_ Number of Tickets: \_\_\_\_\_

Description of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_  
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	Linda Balderrama	Ticket Administrator	9-24-09
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
Nathaniel Boone	2	Retaining highly qualified County employees

**4. Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)

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Name of Individual or Organization: \_\_\_\_\_ Number of Tickets: \_\_\_\_\_


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Tyrome Sams	2	Retaining highly qualified County employees

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Name of Behesting Agency Official: \_\_\_\_\_

Name of Individual or Organization: \_\_\_\_\_ Number of Tickets: \_\_\_\_\_

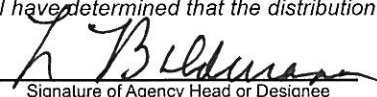
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Name of Individual or Organization: \_\_\_\_\_ Number of Tickets: \_\_\_\_\_

Description of Organization: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_**5. Verification**

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

  
Signature of Agency Head or Designee

Linda Balderrama

Print Name

Ticket Administrator

Title

9-24-09

(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)  
\_\_\_\_\_  
\_\_\_\_\_

**Tickets Provided by  
Agency Report****A Public Document**TICKETS PROVIDED BY  
AGENCY REPORT

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (if applicable)			
Board of Supervisor			
Street Address			
500 W. Temple St., Room 869 Los Angeles, CA 90012			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.)  Date of Original Filing: _____ (month, day, year)	
213-974-5555	fifthdistrict.lacbos.org		
Agency Contact (name and title)			
Linda Balderrama			

**2. Event For Which Tickets Were Distributed**

Date(s) of Event: 09 / 04 / 09 Description of Event: Los Angeles County Fair  
10 / 05 / 09 Face Value of Ticket: \$ 17.00

Agency Event ☐ Yes ☒ No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Los Angeles County Fair

Number of Tickets Received: 40 Ticket(s) Provided to Agency: ☒ Gratuitously ☐ Pursuant to Contract

**3. Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
Jim Camp	2	Retaining highly qualified County employees

**4. Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)

Name of Behesting Agency Official: \_\_\_\_\_

Name of Individual or Organization: \_\_\_\_\_ Number of Tickets: \_\_\_\_\_

Description of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_  
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
\_\_\_\_\_  
\_\_\_\_\_

**5. Verification**

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

	Linda Balderrama	Ticket Administrator	9-24-09
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)  
\_\_\_\_\_  
\_\_\_\_\_